

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577690

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		1			
5	1		1			
6	1		1			
7	1		1			
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42	1		1			
43	1		1			
44	1		1			
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48						
49						
50						
TOTAL IND.	3		1			
TOTAL DEP.	43	←	45	←		
TOTAL CLAIMS	46		46			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						